



## APPLICATION FOR AGENT'S RENEWAL PERMIT

State Form 41429 (R5 / 9-99)

Approved by State Board of Accounts 1988

INDIANA COMMISSION ON PROPRIETARY EDUCATION

**NOTE:** This form must be completed for each agent representing an institution.  
If all of the information which is required on this form is not provided, the form  
will be returned to the institution.

### OFFICE USE ONLY

Fee paid

\$

Check receipt number

Card number

Approval date:

From

To

1. Name and location of institution(s) to be represented on permit:

2. Name of applicant

Address (*number and street*)

City

State

ZIP code

Telephone number

3. Please list other institutions you have represented in the past year.

4. Have you been denied a license to represent an institution in any state within the last year?

☐ Yes ☐ No

(a) If you answered yes, state reason(s):

5. Have you been convicted of a felony within the last year?

☐ Yes ☐ No

(a) If you answered yes, give details in full:

6. Have you been convicted of a crime involving moral turpitude within the last year?

☐ Yes ☐ No

(a) If you answered yes, give details in full:

### AFFIDAVIT

I hereby swear or affirm that the above statements are true.

Signature of applicant

STATE OF \_\_\_\_\_ }  
COUNTY OF \_\_\_\_\_ } SS:

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Signature of Notary

Printed name of Notary

My Commission expires:

County of residence: